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NSAB, Tenant Leaders Proclaim April Sexual Assault Awareness, Prevention Month



PHOTO BY AIRMAN MATTHEW HOBSON

Leadership from various commands aboard Naval Support Activity Bethesda joined together April 5 in Bldg. 17 to sign a public proclamation and pledge their dedication to eliminate sexual assault in the military as part of the Department of Defense's Sexual Assault Awareness and Prevention Month.

By MCSN WILLIAM PHILLIPS
NSAB Public Affairs Staff Writer

Leadership from various commands aboard Naval Support Activity Bethesda (NSAB) joined together April 5 in Bldg. 17 to sign a public proclamation and pledge their dedication to eliminate sexual assault in the military as part of the Department of Defense's (DoD) Sexual Assault Awareness and Prevention Month (SAAPM).

The theme of this year's SAAPM is: "Eliminate Sexual Assault: Know your part. Do your part."

"We should provide this information to our personnel and participate in activities to reinforce our personal and unit commitment to the elimination of the crime of sexual assault in the Department of

Defense by following these actions," declared Navy Capt. Marvin L. Jones, NSAB commanding officer.

- **Eliminate Sexual Assault:** Every service member and civilian employee, at every level in our military must know, understand, and adhere to service values and standards of behavior in order to eliminate sexual assault and other inappropriate behavior.

- **Know Your Part:** Each member of our DoD community has a unique role in preventing and responding to sexual assault. We must recognize our part in stopping this crime, starting with our own awareness and knowing when and where to intervene.

- **Do Your Part:** We have to act. If we see a crime or

inappropriate behavior occurring, we need to step in to prevent it. We each need to add our voice to the call to end this crime.

The ceremony recognized NSAB Sexual Assault Prevention and Response (SAPR) Program victim advocates.

"It's important to understand these individuals selflessly provide 24/7 coverage," said Jones. "They have received credentialing through the National Organization of Victim Assistance and are required to take 32 hours of refresher training annually to sharpen their skills in victim response."

Major Construction Begins on Naval Support Activity Bethesda

Editor's Note: This is the first in an ongoing series of articles that will be published on this page in the first issue each month and will provide updates on construction projects occurring on Naval Support Activity Bethesda (NSAB).

Construction upgrades at Walter Reed National Military Medical Center (WRNMMC) and NSAB began in late 2015 and are expected to continue for seven to 10 years. The purpose of these construction enhancements is to ensure that WRNMMC remains the Nation's premier medical center.

It is our intention and goal that these articles will help the entire community – patients, staff, visitors, stakeholders and the public – to understand the purpose of the construction which will be done mainly at WRNMMC, but will have impacts campus-wide. Here you'll find useful information ranging from project announcements and updates to road closures and detours, impacts to pedestrians, vehicles, parking and facilities, and stories and news about the diverse team of professionals who will bring these improvements to life

Planning ahead to minimize and manage adverse impacts is key to everyone – patients, staff, visitors, construction crews, contractors, stakeholders and the general public – being minimally affected by this construction. We hope you will check back here each month to find out what's new as we move together toward a promising future.

You may have seen construction projects and activity beginning on NSAB recently and wondered what they were for. In this inaugural 'Update,' we'll cover current projects P130, Utilities Upgrades; P-116, 650-Space Parking Garage; and provide basic information about the over-arching project which necessitates their construction – P-114, Medical Center Additions or Alterations (MCAA).

P-130 is a \$38 million project to build a utility 'tunnel' that will support the increased

need for utilities infrastructure when P-114 (MCAA), scheduled to begin in 2017, gets underway.

P-114, or the MCAA project, is a major upgrade to WRNMMC that will join Bldgs. 9 and 10 with the rest of the medical center, significantly improving accessibility to clinics and mobility for patients and staff. It is scheduled to be completed in 2022.

Due to ongoing P-130 construction, Brown Drive (which runs adjacent to the Bldg. 54 staff and Bldg. 55 patient parking garages, and is between them and WRNMMC) will be closed to vehicle and pedestrian traffic between both parking garages beginning in May, until Fall 2016. Drivers will still be able to enter Bldg. 54 and 55 from Brown Dr. as well as exit along this same road. There will be no thru traffic from South Palmer Road to North Palmer Road during the closure.

For pedestrians, access from Bldg. 55 to Bldgs. 2,4,6,7 and 8 will be unavailable. Pedestrian entry and exit to Bldg. 8 will be maintained to the north.

If you drive to NSAB and park in either of those garages, you will have to watch for posted signage and plan your commute to enter the appropriate gate that coincides with your parking location.

P-116 includes building a permanent six-story, 650-space parking garage on Stokes Road between the Child Development Center (CDC) and the Navy Lodge. This facility will feature a smart parking system and connect to the CDC and Stokes Road via two entrances. Work has begun and is projected to be completed in the late winter or spring of 2017.

It is imperative to get this word out to patients, staff and visitors now, in order to minimize impacts, delays and missed appointments. Remember to check back here every month for important updates and information.

Bethesda Notebook

Sexual Assault Awareness

In observance of Sexual Assault Awareness and Prevention Month (SAAPM), there will be lunch and learn sessions every Wednesday in April from 11:30 a.m. to 1 p.m. in the Memorial Auditorium at Walter Reed National Military Medical Center. Everyone is invited to attend. There will also be SAAP information tables set up from 10:30 a.m. to 12:30 p.m. on April 9 (Navy Exchange), April 11 (Uniformed Services University of the Health Sciences, USU), and April 25 (USU). Other events scheduled include a "Strike Out" Sexual Assault bowling event at the Naval Support Activity Bethesda bowling lanes on April 19 from 11 a.m. to 2 p.m. (Wear Teal Day); a two-day Rape Aggression Defense Workshop on April 22-23 (registration is required); Denim Day on April 27; and an Empowerment Relay on April 30 from 8 to 11:30 a.m. For more information about events, contact Kim Agnew, Monique Greene or Rosemary Galvan at 301-442-2053.

Blood Donors Needed

The Armed Services Blood Program will host a blood drive at Walter Reed National Military Medical Center on April 14 from 9 a.m. to 1 p.m. in the Arrowhead Building (Bldg. 9). Walk-ins are welcome, but appointments are appreciated. Appointments can be made at www.militarydonor.com using the sponsor code "NNMC."

Medical Volunteers Needed

Registered nurses and physicians are needed to volunteer at the African American Health Program (AAHP) Community Day 2016, which will be held on April 16, 2016 from 7 a.m. to 2 p.m. at Argyle Middle School in Silver Spring, Md. The event is being held in recognition of National Minority Health Month. AAHP Community Day 2016 is free and open to all, young and old (men, women, youth, children, and families). Attendees will experience the "Taste of Nutrition," group fitness activities, and screenings for blood pressure, cholesterol, diabetes, prostate cancer, carbon monoxide, waist circumference, body mass index, HIV, and others. To learn more about AAHP, visit <http://www.onehealthylife.org>, or call 240-777-1451.

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Gold Star Wives

The Exclusive Club No One Wants to Join

By **MARK OSWELL**
WRNMMC Deputy Public
Affairs Director

Although the debate remains as to the first American killed during World War II, the results were unsurmountable.

Families would lose their fathers, parents would lose their sons and daughters, and wives would lose their husbands. In total, more than 407,300 service members would perish, with another 670,000 being wounded.

Just before the end of the war, on April 5, 1945, four young widows met in a New York City apartment to try and make sense of their collective loss, share their stories and charter a path forward. From this innocuous meeting came the Gold Star Wives.

Similar in scope to the previously established American Gold Star Mothers, which was established in 1928, the Gold Star Wives was created to support widows of service members. Congressionally chartered, the GSW counts Eleanor Roosevelt as one of their original members, and to this day remains a group of widows for widows.

In the Washington, D.C., region, the Arlington Chapter of Gold Star Wives was formed on April 5, 2012 from a core of widows who had lost their

spouses in post-9/11 conflicts. Their group of more than 150 is not region-based, but centered on those who have loved ones resting in Arlington National Cemetery in Virginia.

It's one of those sororities that no one wants to pledge, and we're not looking for new members, explained Dr. Vivianne Wersel, president emeritus of the Gold Star Wives, founder of the Arlington chapter and Walter Reed National Military Medical Center audiologist.

Wersel understands firsthand the difficulties of being a surviving spouse. Her husband, Marine Corps Lt. Col. Richard Wersel, Jr., died of a fatal heart attack while working out at Camp Lejeune, North Carolina in February 2005 – only a week after he had returned from his last deployment to Iraq.

"The biggest impact was that he was back. I had him back from deployment," expanded Wersel. After serving two combat deployments to Iraq and multiple deployments to South America as a Marine Corps infantry officer and ground intelligence officer, he was back safe in coastal North Carolina.

But as many Gold Star Wives have come to realize, the impacts aren't just immediate and they aren't

just emotional. Finances, raising children, survivor benefits, potentially relocating and a myriad of other issues all come rushing forth when a military spouse passes.

"Missing those milestones with the children and having to do it alone," said Wersel, often provides one of many trigger points that she would much rather not have, but understands that's part of the grieving process.

Throughout the grieving process Gold Star Wives-Arlington strives to provide support, instill camaraderie and disseminate timely information to widows in need.

Information about Gold Star events, wreath-laying ceremonies, scholarships available to surviving family members, financial information and even information about camps for children of the fallen provide a small glimpse of the information shared among the members.

"We provide peer support," continued Wersel. Through Facebook and Skype, the group shares their experiences, resources available to military widows and a sisterhood of support. Although there are no men in the group yet, Wersel explained that they'd welcome them with open arms.

"This is unconditional support," she added.

Although Wersel is often seen as the unofficial spokesperson for Arlington Gold Star Wives due to her fight for benefits and testimonies on Capitol Hill. There are other Gold Star Wives working at WRNMMC, including Dr. Tracey

Perez Koehlmoos and Gabriella Kubinyi.

Koehlmoos found the Gold Star Wives-Arlington Chapter after her husband, Army Col. Randall Koehlmoos, was killed in a road traffic crash while he was serving at the American Embassy in Jakarta, Indonesia.

Currently serving as the division director of health services administration and an associate professor of preventive medicine and biostatistics at the Uniformed Services University of the Health Sciences, Koehlmoos stays busy raising three sons and serving as the current Gold Star Wives-Arlington chapter president, but she still faces her own challenges.

"No one around you is widowed, and [you are] suddenly kicked out of the community that you're used to," she said. "When your service member dies, you're no longer in that community."

Through Gold Star Wives, "You get to meet other widows who share in your struggle," Koehlmoos explained.

Koehlmoos emphasized for those new military widows, that there is support out there — a tight bond of military widows ready to reach out and support at a moment's notice.

"It's important to know that she [the new widow] is not alone. That sense of isolation. No one else has your benefits and rights," Koehlmoos said. Gold Star Wives understand the struggles and pains of other military widows like no one else.

She profoundly summarized, "We're all walking the same path."

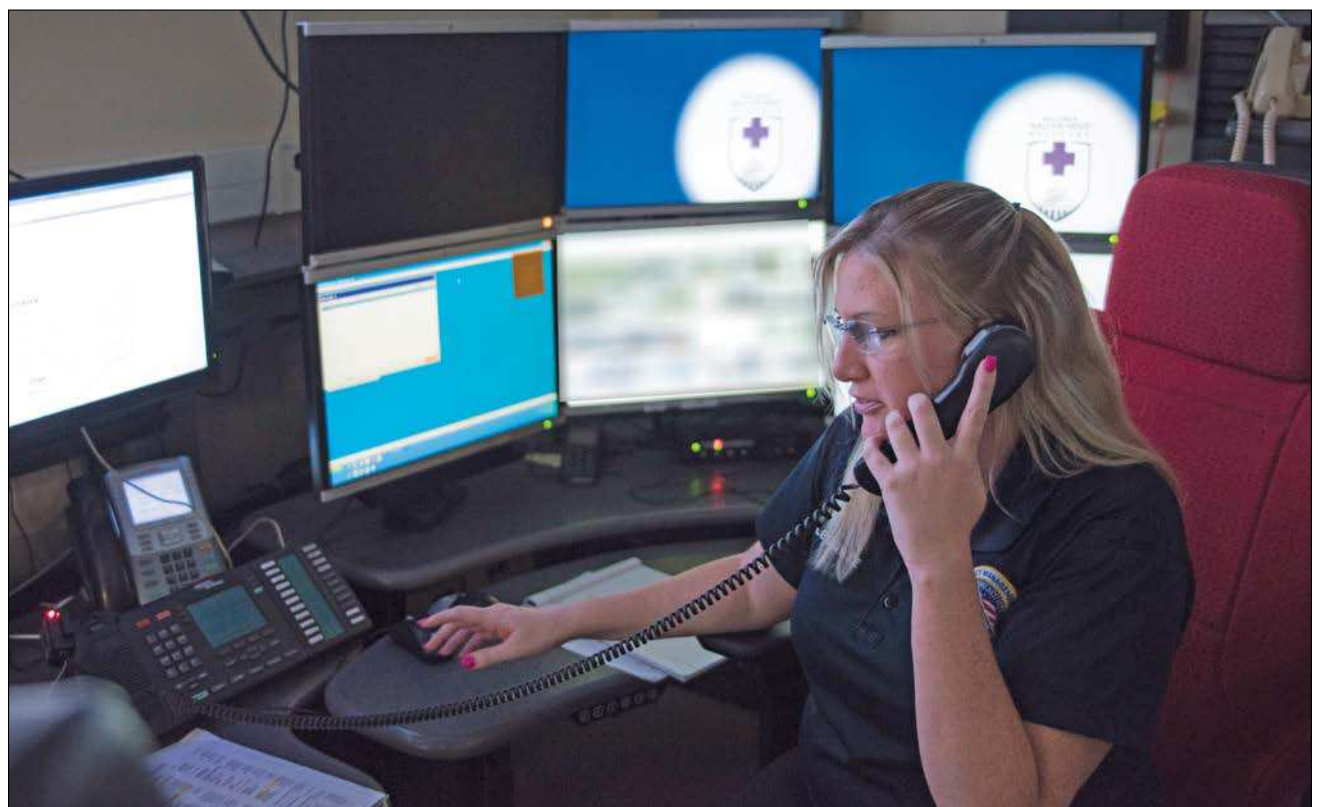
NSAB Recognizes Its Dispatch Center Professionals

*National Public Safety
Telecommunicator's Week is April 10-16*

By **CARL SAVARD**
NSAB Emergency Services
Dispatch Supervisor

Each year, the second week of April is recognized as National Public Safety Telecommunicator's Week. This week is a nationally-recognized opportunity for citizens and co-workers alike to show their appreciation for professionals in the field of Public Safety Communications. The week-long event was initiated in 1981 by Patricia Anderson of the Contra Costa County, Calif. Sheriff's Office, but eventually grew to be nationally recognized. The public safety telecommunications group encompasses everyone involved from the first moment a call is connected to a Public Safety Answering Point (PSAP), until help has physically arrived and the last line has been disconnected.

Naval Support Activity Bethesda's (NSAB) Emergency Services Dispatch Center is a Federal Communications Commission-registered PSAP and is staffed 24 hours a day, seven days a week, 365 days a year. During 2015 alone, NSAB's Dispatch



Sarah Leggate, an emergency dispatcher, answers a call during a shift April 1 on Naval Support Activity Bethesda.

PHOTO BY MCSN WILLIAM PHILLIPS

Get Fit with MWR Personal Trainers

By MC2 HANK GETTYS
NSAB Public Affairs staff writer

Physical fitness is an important part of military life.

Service members need to be physically ready to take on challenges at any time and to also stay healthy and live fit lifestyles.

Naval Support Activity Bethesda's (NSAB) Morale Welfare and Recreation (MWR) has a team of personal trainers at the Fitness Center to help do just that, and also help family members stay in shape as well.

[Personal training] gives you a one-on-one experience," said Amanda Kozay, NSAB MWR fitness manager and personal trainer. "If you don't know a lot about fitness equipment or what to do yourself, you can come in and get some help. We do fitness orientations here to help you learn how to use the equipment."

The personal training staff helps each person work toward their personal goals.

"We do specialized training," said Kozay. "So you come in with your goals and we tailor the workouts you do specifically so

you aren't following something generic or a one-size fits all approach.

"It's a really nice experience and it's one-on-one and they can ask us questions as opposed to a group setting where they may be a little more reserved."

It doesn't matter whether you are new to the gym or have been a gym rat for years, personal training can benefit you.

"There are a lot of benefits from someone who has never worked out before to someone who has been in the gym for years, said Amanda O'Brien, NSAB MWR personal trainer. "We are going to give you some new tools and a different approach that you've probably never worked with before, especially for someone who is new getting acquainted with all the equipment, feeling comfortable in the gym is a big thing.

"Some people don't like going in the weight room, so just stepping in there is a big step, and then for people who have been in the gym and aren't seeing the results that they want, we can help gear their workout plan towards them."

What is unique about personal training at NSAB is the opportunity to work with military members, their family and Wounded Warriors.

"Military members, it's a different experience," said Kozay. "They come in here looking for help with their PRT or they are already advanced with their fitness and they come in here just to change their fitness program. It's nice to be able to give [family members] that benefit as well so they can participate.

"I really enjoy working with Wounded Warriors and seeing them progress from right out of physical therapy to walking out of here with confidence that they can continue on with their life and be active."

For O'Brien and Sarah Myers, NSAB MWR personal trainer and recreational assistant, a personal connection with the military helps put what they do into perspective.

"I'm a Navy brat and my dad used to work on this base so I see a whole different side of it," said O'Brien. "For me, to be able to give back to the families



PHOTO BY MCSN WILLIAM PHILLIPS

Raul Diaz, a Naval Support Activity Bethesda Morale Welfare and Recreation personal trainer, demonstrates proper lifting technique to Hospital Corpsman 3rd Class Darion Pegues.

and service members, who I have seen devote their time away from family and everything that they have given up, just giving them some progress in the physical department and those who are struggling with passing their PRT, giving them that success is amazing."

Some of the trainers have a personal link to the military, making their job even more rewarding.

Myers said, "I'm a military spouse, so I am very close to the military. I think it is very important as a community that we are there to build each other up and be there for one another, but also I feel like it is my duty to be there for the military and help them be healthy and enjoy life."

No matter who they are working with, the trainers feel rewarded by the relationships they build with their clients.

"I think the personal relationships you build with people here is the best thing about my job," said Kozay. "You get to know them and when they are asking you how your family is and you know you've built a bond with them.

"I don't like seeing people go, you get close to them and the hardest part is seeing them deploy or get re-stationed."

The trainers invest more than just physical training, they develop relationships with their clients.

"The people make my job worth it everyday," said O'Brien. "I could be having a terrible day, and getting to meet with one of my clients and the trust and relationship that I build with each person is incredible and when they have success it's like I have success and we get to share that moment."

There are three full-time trainers and three part-time trainers on staff offering a variety of specialties and times for training.

Personal training is free for active duty military and \$15 per session for other eligible patrons.

To schedule a training session, email nsabtraining@gmail.com and fill out a small request form with days and times of availability, along with general goals and personal situation, and the staff will set you up with the trainer that best meets your needs.



PHOTO BY MCSN WILLIAM PHILLIPS

Naval Support Activity Bethesda's Morale Welfare and Recreation has a team of personal trainers at the Fitness Center to help service members and their families stay in shape.

2016 Federal Employee Viewpoint Survey Coming

By NCR MD PERSONNEL BRANCH

Will you be one of those randomly chosen to receive the 2016 Federal Employee Viewpoint Survey (FEVS)?

Coming this month, the Office of Personnel Management (OPM) will begin administering the 2016 FEVS. If you are one of the randomly selected participants, you can help influence change by filling out the survey.

The FEVS is a web survey, and some federal Department of Defense (DoD) civilian employees will randomly receive an email invitation from

OPM asking for your participation. This survey is voluntary and your responses are confidential.

The survey's intent will be to gauge federal employees' perceptions and attitudes regarding their workplace, leadership, performance, and job satisfaction.

The results of the survey are used to influence positive changes in their respective agency.

The survey takes approximately 30 to 45 minutes to complete and will only be disseminated to a sampling of employees. Therefore, maximum participation is encouraged. For those who have

taken the survey in the past, the questions are the same as last year with the addition of a few more DoD-specific questions.

Responses are confidential. Results reported by OPM to the National Capital Region (NCR) are aggregated and do not identify any individual respondent or characteristic that could identify an individual.

For further information, please contact the NCR-Medical Directorate (NCR MD) Personnel Branch at dha.ncr.ncr-medical.list.ncrmd-hq-personnel@mail.mil.

WRNMMC Celebrates 123rd CPO birthday

By **BERNARD S. LITTLE**

WRNMMC Public Affairs staff writer

Chief petty officers, along with other members of the Walter Reed National Military Medical Center (WRNMMC) community, gathered in front of the historic Tower on Naval Support Activity Bethesda (NSAB) for morning colors, and then filled the building's rotunda to cut a cake celebrating the 123rd birthday of the Chief Petty Officer (CPO) rank April 1.

President Benjamin Harrison established the rank of chief petty officer on Feb. 23, 1893, when he signed General Order 409. The new rank, the seventh enlisted rate in the U.S. Navy, became effective April 1, 1893.

Master Chief Petty Officer of the Navy (MCPON) Mike D. Stevens, in a letter saluting the 123rd birthday of the CPO, stated, "As I reflect back on my service as a chief petty officer, I'm reminded of the exceptional leadership you have demonstrated time and time again."

Stevens added that chief petty officers have embraced changes in the Navy, including total integration of the force and CPO 365, the process designed to build and train new chief petty officers, "to ensure everyone is provided the fair and equal opportunity to be successful and better enhance the Navy as a whole."

Chief petty officers ensure Sailors are led "with the highest level of excellence," Stevens added. "As we celebrate 123 years of the chief petty officer, it is not lost upon me the endless sacrifices you and your family have made every day in leading and mentoring Sailors under your charge. I once read



PHOTO BY BERNARD S. LITTLE

Chief petty officers, active and retired, stand in formation during a special retiring colors ceremony April 1 celebrating the 123rd birthday of the Chief Petty Officer rank.

that 'Legacy is the lantern that lights the path for others to follow,' and I have no doubt that the path you lit will shine brightly for generations to come."

Navy Capt. Phillip M. Sanchez, a former CPO and now commanding officer of the Navy Medicine Professional Development Center headquartered on NSAB, also spoke at the chief petty officer birthday celebration.

Sanchez explained that in 1991, right before being commissioned as a Medical Service Corps officer, he found out his name was on the list for advancement to chief petty officer. "What an honor," he said.

The captain added he participated in the initiation for chief, and "For two days, I wore the [chief's] anchors in place of my butter bars [ensign insignia].

"When I look around the room and see chiefs, senior chiefs and master chiefs, wearing anchors, I have a lot of respect for you and what you do," Sanchez continued. "For those petty officers and Sailors who are not wearing the anchors yet, [chiefs] are the people you need to look up to; they are examples; they are leaders; follow them. Happy Birthday Chiefs," the captain added.

Master Chief Paul Loomis, senior enlisted leader for the Directorate of Clinical Support Services at WRNMMC, was also a speaker at the celebration. He explained how the chiefs at WRNMMC acquired a bell in their honor.

The master chief said he approached Brother David Schlatter, one of the WRNMMC chaplains, with the idea of getting a bell for the CPOs about a year ago. Schlatter collects bells, and about six months after being approached by Loomis, the Franciscan brother had a bell for the chiefs. The chiefs had the bell engraved with the chief's anchors, the CPO's birth date, and the words, "Navy Pride and Navy Leadership."

WRNMMC Command Master Chief Tyrone Willis said, "As chief petty officers, just like this bell, we have to be sound for the Navy. Just like this bell, we have to be the signal of the Navy and just like this bell, we have to be the spirit of the Navy."

Unlike petty officer first class and more junior ranks, advancement to CPO in the U.S. Navy not only carries requirements of time in service, superior evaluation scores, and specialty examinations, but also an added requirement of peer review. A chief petty officer can only advance after review by a selection board of serving master chief petty officers.

Traumatic Brain Injury 101

Think Ahead: Be Safe, Know the Signs, Get Help

By **BERNARD S. LITTLE**
WRNMMC Public Affairs staff writer

U.S. Public Health Service Lt. Sherray Holland recalls walking toward the store while looking down at her phone and texting. She also recalls tripping on the curb, but her last memory was "flailing to try to keep from falling and embarrassing myself," before she lost consciousness after suffering the fall and a concussion.

Holland, a certified physician assistant (PA) and the lead clinical education and outreach specialist for the National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center (WRNMMC), said when she woke up on her back, someone was standing over her saying, "Wow! That was a bad fall!"

Holland said she got up, picked up her purse and went into the store to do her shopping thinking she would not be in there long, grab a few things, go home and take care of

herself.

"I thought, 'I am a PA and [treat TBI patients] for a living, so I should be OK,'" Holland said.

While in the store, Holland said a security guard approached her and asked, "Ma'am, are you OK? Do you need to go to the hospital?"

"I said, 'No, I had a tumble in front of the store, but I'm OK.'"

"He said, 'But you've been wandering around in the store for two hours.'"

That news came as a shock to Holland, and it "snapped [her] out of a daze," because she had no recollection of being in the store for that long, she said. "I really thought that I had just walked into the store. I looked in the shopping cart and there was nothing in it. I looked in a mirror and I was bleeding from my head and knee."

Holland explained her symptoms of loss of consciousness, confusion, disorientation, and difficulty focusing, are common for many who suffer a mild traumatic brain injury



PHOTO BY BERNARD S. LITTLE

U.S. Public Health Service Lt. Sherray Holland, clinical education and outreach specialist at the National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center, demonstrates how providers evaluate individuals for potential mild traumatic brain injury or a concussion during a lunch and learn session March 31 at NICoE.

(mTBI), or concussion, such as she did that day.

Early TBI education, intervention and positive expectations have a direct effect on recovery, Holland

said. She explained the sooner the intervention, the better the chances are for recovery.

Red Cross, WRNMMC Recognize, Thank Volunteers

By **BERNARD S. LITTLE**
WRNMMC Public Affairs staff
writer

Combined, Mary Bochanis, Jean Brown and Shirley have volunteered for more than a century with the American Red Cross (ARC) — approximately 130 years in total.

Navy Rear Adm. David A. Lane, Walter Reed National Military Medical Center (WRNMMC) director, thanked the three, along with other Red Cross volunteers, for their service at WRNMMC during a volunteer recognition luncheon March 29.

The luncheon was a way of saluting the volunteers during ARC Month, celebrated in March, and kicking off National Volunteer Appreciation Month, recognized in April.

During 2015, the Red Cross at WRNMMC coordinated the efforts of more than 550 adults and 75 youth volunteers at the medical center, according to Marin Reynes, senior station manager of the ARC at WRNMMC. Those individuals volunteered more than 71,000 hours last year, assisting patients and staff at the nation's medical center in a



PHOTO BY BERNARD S. LITTLE

Walter Reed National Military Medical Center Director Rear Adm. (Dr.) David A. Lane and American Red Cross Station Manager at WRNMMC Marin Reynes, second from left, recognize Red Cross volunteers during a recognition luncheon March 29 at WRNMMC.

variety of ways, Reynes explained. She added ARC volunteers at WRNMMC include 77 with medical or doctorate degrees, as well as registered nurses.

At WRNMMC last year, the Red Cross provided more than 400 comfort bags, which include a number of toiletries and other items given to

Wounded Warriors and their families arriving on medical evacuation flights to WRNMMC, Reynes explained. Also last year, American Red Cross volunteers conducted more than 60 animal visitation visits, designed to lift the spirits and morale of patients and staff at WRNMMC. In addition,

ARC volunteers conducted more than 120 creative arts classes, nearly 200 yoga classes, and 208 coffee mornings for service members, veterans and their families.

Reynes said the hours American Red Cross volunteers provide at WRNMMC is equivalent to \$1,879,653 in volunteer value added.

During last week's recognition luncheon, Lane awarded Brown and Shirley service pins for their more than 20 years of volunteer service with the American Red Cross, while Reynes joked that Bochanis "has so many years [of volunteering] we do not even have a pin that can recognize her." Reynes then presented Bochanis with a bouquet of flowers for her 73 years of volunteering. "Since 1943, Mary has been doing great things for the military and their families here," Reynes said.

Bochanis, who first volunteered for the American Red Cross at Walter Reed Army Medical Center (WRAMC) and now at its successor, WRNMMC, said she was touched by the recognition. "At

See **VOLUNTEERS** page 8

NMCRS Volunteer Knits 1,300 Baby Blankets — and Counting

By **ANDREW DAMSTEDT**
NSAB Public Affairs staff
writer

For the past 22 years, every three to four weeks, a Navy commander's wife with a slight French accent has delivered five baby blankets to the Navy Marine Corps Relief Society Bethesda (NMCRS) office.

That translates to more than 1,300 blankets that 86-year-old Yvonne Richaudeau Skidmore has knitted, which are given to parents who complete the NMCRS Budget for Baby class.

"She's by far our most prolific blanket provider," said NMCRS-Bethesda Director Gillian Connon.

Skidmore said knitting is just a part of her life and has been since she started at age 8 after her mother asked if she wanted a sweater.

"Okay, I'll get you some needles and some yarn," Skidmore recalled her mother telling her. "I've been knitting ever since."

She has knitted in the various places she's lived since she learned as a young child in Cannes, France. She spent some of her childhood in Northern Africa and returned to Cannes to go to fashion school.

Skidmore immigrated to Canada with her first husband, Camille Richaudeau, and 10-month-old son Patrice in the 1950s. They lived in Canada for two years before her husband got a job at a restaurant in Miami.

"I was working in a shop in Miami Beach because we needed the money, but I didn't know how to say scissors or thread or I used to go to the store and show them that I need some ribbon, I need this," Skidmore said holding her arms out showing how much ribbon she needed. "They would take the measurement because I didn't know how to say yard."

She's since learned English and has added that language to the French, Italian and Spanish she also knows.

Her youngest son, Didier, was born after they moved to Washington, D.C. Since living in the area, she's worked as a fashion stylist at department stores and said her dresses have been worn by the Washington, D.C. elite.

Being a fashion stylist has helped her create the designs she uses for the baby blankets, she explained, showing off her springtime design. She has a Navy-style and Army-style design to match the color of those services' uniforms.

She didn't get involved in knitting baby blankets for NMCRS until after she married her second husband, Navy Cmdr. Wesley Skidmore, in 1987.

"I started coming here at the hospital and I heard that I could knit for the babies and I said 'Well, I don't mind doing it.' I've been doing that now for 22 years," she said.

She continued to knit for NMCRS after her husband died. She said she knits to keep herself busy and will be up knitting until 11 p.m. every night.

"I like to keep busy — at my age I cannot sit and watch TV all day long," she said. "I can't do that. I was not raised that way and I think I will knit as long as I can use my hands."

And she doesn't just knit baby blankets for NMCRS, she also knits for her grandchildren as well as people she meets while waiting for appointments at Walter Reed National Military Medical Center.

"Sometimes I am waiting for my medicine and if I knit — of course I knit all the time — and I ask 'When is your baby due?' and she says 'Two months from now,' ... and I take their address



PHOTO BY ANDREW DAMSTEDT

Yvonne Richaudeau Skidmore shows some of the baby blankets she's made for the Navy Marine Corps Relief Society-Bethesda chapter. In her 22 years of volunteering, she's made more than 1,300 baby blankets that have been given to new parents.

and I send it to them," Skidmore said.

She said she enjoys giving away what she knits, and while she doesn't hear much feedback on her blankets, Connon said she hears many positive things when they hand out the blankets at the end of the Budget for Baby class.

"They say, 'These are so beautiful, who made this?' and we tell them we have a lady here who has volunteered with us for 22 years, and they're all so very thrilled and excited to hear about that," Connon said.

WRNMMC Launches New Tele-Audiology Service

By **SHARON RENEE TAYLOR**
WRNMMC Public Affairs Staff Writer

"We did a hearing test on you earlier. Your hearing is essentially normal but you still feel that you are experiencing difficulty understanding, is that right?" asked Dr. Georgina Blasco, a staff audiologist, speaking at a monitor from her desk at Walter Reed National Military Medical Center (WRNMMC) on Naval Support Activity Bethesda.

Her patient, Army Lt. Col. Darlene T. Pelletier, 20 miles away at DiLorenzo Clinic in the Pentagon, can see the digitized audiologist from another monitor on a special cart in the clinic.

"Yes, ma'am," Pelletier answered, with Audiology Technician Leilani Ramos standing at her side. Ramos served as the hands and arms of Blasco during the hearing test.

"And how long has that been going on for?" asked Blasco, leaning forward toward her monitor at WRNMMC.

"I don't know. It's hard to say because it's one of those things where I just assumed the problem was with me, like when I go to movies, when I listen to conversations—especially if there are other people around me and it's noisy, or trying to decipher certain words," Pelletier said, further explaining her symptoms.

"Sometimes I have to ask the person next to me, 'what did he say, what did she say?' I think it has something to do with the syllables or the words that are being spoken. Even watching T.V., or when it's quiet, there are some words that I can't quite comprehend," Pelletier added.

Blasco, who serves as lead of clinical Tele-Audiology at WRNMMC, asked, "So predominantly in noisy environments, but also some difficulty in quiet?"

Pelletier clarified, "Or if there are certain words and I can't quite make them out and I haven't figured out what those sounds are." The Army officer, who serves as the analysis branch chief at the Department of the Army Headquarters, said she'd experienced the problem sporadically for several years but didn't know when it started.

A series of hearing tests, directed by Blasco from her office at WRNMMC, follow.

"I really didn't hear about Tele-Audiology until I tried to schedule an appointment to participate in a hearing test," Pelletier said. "I received the same quality care that I could have received in an on-site appointment. The convenience of attending the appointment at my workplace was invaluable."

Designed to demonstrate proof of concept for the Military Health System, the tele-audiology project began in August 2015, according to Dr. Douglas Brungart, senior scientist for the Audiology and Speech Center at WRNMMC. Brungart, also the associate director of research, explained the project as a collaboration between Walter Reed's Audiology and Hearing Conservation Clinic, the Army Telemedicine and Advanced Technology Research Center, and DiLorenzo Clinic at the Pentagon. He said the demonstration is expected to continue through the end of Fiscal Year 2016, which ends in September.

So far, the project has saved Pentagon staffers more than 200 work hours by conducting more than a hundred tele-audiology appointments at the beta site for the Department of Defense over the past eight months. Blasco indicated appointments are currently booked until May.

Without tele-health, audiology patients at the Pentagon would lose more than two work hours traveling to and from WRNMMC, as well as the time for the exam, Blasco said.



WRNMMC COURTESY PHOTO

Audiology Technologist Leilani Ramos, seated with a patient at the DiLorenzo Clinic at the Pentagon, serves as the hands and arms of Dr. Georgina Blasco, a staff audiologist conducting the examination remotely from Walter Reed National Military Medical Center.

Patients at other military treatment facilities in the National Capital Region lose even more time, with some traveling more than 60 miles one-way for hearing examinations at the medical center, explained Margaret M. Jylkka, occupations

audiology-hearing conservationist at WRNMMC. Jylkka, Blasco and Ramos form the heart of the WRNMMC tele-audiology team.

See WRNMMC page 12

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Navy Expands Tattoo Options, Command Ball Cap Wear

From CHIEF OF NAVAL PERSONNEL PUBLIC AFFAIRS

In response to feedback from the fleet and senior enlisted leadership, the Navy announced two changes to its uniform policy, March 31, in NAVADMIN 082/16.

First, the Navy is updating its tattoo policy and will authorize Sailors to:

- Have one tattoo on their neck that

does not exceed one inch in any direction.

- Have visible tattoos below the elbow or knee — no longer restricting their size or amount.
- Allow Sailors with sleeve tattoos to be assigned to Recruit Training Command and Recruiting Command positions — previously not allowed.

The Navy's tattoo content restrictions

will remain the same: no tattoo located anywhere on the body can be prejudicial to good order, discipline and morale, or be of a nature that brings discredit upon the naval service.

This policy update is being made in response to the increased popularity of tattoos for those currently serving and in the population from which the Navy draws its recruits. It is also meant to ensure the Navy does not miss opportunities to bring in talented young men and women who are willing to serve.

More information on these changes, which go into effect April 30, can be found in NAVADMIN 082/16.

Second, NAVADMIN 082/16 also authorizes commands to immediately wear a coyote-brown command ball cap with the Navy Working Uniform Type II and III. The manner of wear, logos, lettering and overall descriptions can be found in Navy Regulations, Chapter 3, article 3501.8.

The eight-point cover will remain the standard head gear worn with the NWU Type II and III during uniform inspections, special events and as determined by the unit commanding officer.

Ball caps are considered organizational clothing and commands may use

One tattoo allowed on the neck. Tattoo cannot exceed one inch in any direction.

No longer restricts size or amount of tattoos on arm.

No longer restricts size or amount of tattoos on leg.

****Tattoos must not be racist, sexist, extremist or indecent nor bring discredit upon the naval service. Additionally, tattoos shall not advocate discrimination based on sex, race, religion, ethnicity, or national origin.



appropriated funds to buy them. Information on how commands may purchase these ball caps can be found in NAVADMIN 082/16, and can be found at www.npc.navy.mil.

Complete information on Navy uniform policy and regulation can be found at <http://www.public.navy.mil/bupers-npc/support/uniforms/Pages/default2.aspx>

For more news from Chief of Naval Personnel, visit www.navy.mil/local/cnp/

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VOLUNTEERS

Continued from pg. 6

91 years old, it's a pleasure for me to be [at WRNMMC] because everyone around here makes me feel so young, vital and energetic. That's what I'm trying to keep up, the energy around here [with] these wonderful people. Being a volunteer at Walter Reed is so special."

Lane said, "Mary, you are young, you are energetic, and you are an inspiration to all of us."

Reynes describes Bochanis as "the light of the Red Cross office who brings sunshine throughout the hospital" during Comfort Cart visits with her team in the surgical waiting room, intensive care units and on inpatient floors at WRNMMC. The cart includes movies, books, magazines, fruits, snacks and toiletries for patients and their families. "Mary and the Comfort Cart team provide these items seven days a week, 365 days a year," Reynes stated. Probably, what's most valued by the visits of American Red Cross volunteers is the socialization, inspiration and encouragement they provide patients and families, she added.

Brown, a registered nurse, has volunteered for more than 35 years with the American Red Cross, all at

WRNMMC. Brown explained she now helps with some of the administrative work in the OB/GYN department at WRNMMC. "It's something I really, really enjoy, to be here and help those who are sick and those who are not sick," said the New Jersey native who turns 87 in July. "It's just a joy to be here," she added.

Shirley received a pin for more than 25 years of volunteering with the American Red Cross. She assists service members and their families in various capacities in Tranquility Hall at WRNMMC. She's called the "unofficial grandmother" by many of the wounded warriors and their families who reside in Tranquility Hall while receiving care at WRNMMC. Shirley greets the service members and their families upon their arrival at the facility, as well as answers any questions they may have during their stay on base.

"It's a wonderful place to be, and we all stay much younger [by volunteering here]," Shirley said. "I thoroughly enjoy what I do and just being with the kids — the children and their parents [in Tranquility Hall]. I'm the unofficial grandmother, aunt, sister, or mother...whatever [is needed]. It's been a wonderful experience," she added.

People interested in volunteering at WRNMMC can call the American Red Cross Office at 301-295-1538.

NSAB

Continued from pg. 1

Putting an end to workplace sexual assault was one of the key points emphasized during the ceremony.

"This starts in the workplace," said Rear Adm. David Lane, director of Walter Reed National Military Medical Center. "We need to be on the lookout for sexual discrimination in the workplace; it leads to sexual harassment, which can lead to sexual assault."

During the ceremony sexual assault survivor Navy Master Chief John Schwanke, non-medical case manager at Navy Wounded Warrior Safe Harbor, shared his story.

"It took me 20 years to go from victim to survivor," said Schwanke. "I stand up because I refuse to be quiet."

At the time of his assault, the SAPR program didn't exist. He shared the benefit he sees from the program and its recent growth.

"The victim advocates help us to go from victim to survivor," said Schwanke.

The SAPR program depends on the victim advocates. NSAB currently has 43 — one of whom is Army Maj. LaTonya Walker, who was recognized during the ceremony for being accessible for more than 1,000 hours

"I take being a victim advocate very seriously," she said. "We are our brothers' and sisters' keepers."

In addition to the proclamation there is a "Strike Out Sexual Assault" event slated to take place at the Naval Support Activity Bethesda's Bowling Center, April 19 from 11 a.m. to 2 p.m.



PHOTO BY AIRMAN MATTHEW HOBSON

Navy Capt. Marvin Jones, Naval Support Activity Bethesda commanding officer, speaks during the installation's proclamation signing April 5 in Bldg. 17

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INJURY

Continued from pg. 5

Holland defined a TBI as a blow or jolt to the head disrupting the normal function of the brain, adding that not all blows or jolts to the head result in a TBI. She added, the severity of a TBI is determined at the time of the injury and may be classified as mild, moderate or severe. "Concussion and mild TBI are synonymous terms," she continued, adding symptoms of concussion often resolve within days or weeks, whereas more serious TBI may take months or longer to be resolved.

Falls, like the one suffered by Holland, and motor vehicle accidents are the two most common causes for TBIs, she explained. Falls and motor vehicle crashes account for more than 50 percent of all TBIs, according to the Centers for Disease Control and Prevention (CDC).

Holland also served as the featured speaker during a NICoE lunch and learn session, "Traumatic Brain Injury 101," March 31 at the NICoE. The presentation wrapped up March's Brain Injury Awareness Month; but Holland stressed TBI education should be continuous and is the key to success in treatment.

According to the Defense Medical Surveillance System, causes of TBI diagnosed at military treatment facilities from 2000 to 2013 are falls (21 percent); motor vehicle or other transportation crashes (17 percent); assault (non-battle), legal intervention (17 percent); accidental strike by or against an object/machinery (16 percent); gun and explosive accidents (14 percent); other causes not defined (14 percent); sports/athletics (8 percent); and battle injury (8 percent).

According to numbers from the Defense and Veterans Brain Injury Center recorded between 2000 to 2015, Holland said 82.5 percent of TBI cases, or 279,898, are classified as mild; 28,701 (8.5 percent) classified are moderate; 22,417 (6.6 percent) are not classifiable; 4,944 (1.5 percent) are penetrating; and 3,502 (1 percent) are severe. In total, there were 339,462 incidents of all severities coded by defense department providers during the 15-year span, Holland said.

In the United States as a whole, Holland cited CDC numbers indicating TBI accounts for about 2.5 million emergency department visits, hospitalizations or deaths annually. Of that number, approximately 50,000 people die from their injuries, about 280,000 are hospitalized and the remaining are generally treated in the emergency room and released.

Holland said the military conducts a number of levels of screening for

TBI in service members. She further explained that because a concussion or mild traumatic brain injury may not be readily identified, recognizing the importance of early detection, the Department of Defense and Veterans Affairs have established system-wide screening and assessment procedures to identify concussion/mTBI in service members and veterans at the earliest opportunity, including pre- and post-deployment health assessments.

She added not all individuals who screen positive have a concussion or mild TBI, and therefore, it is important that patients not be labeled with the diagnosis of concussion/mTBI on the basis of a positive screening test. Positive screens should always be followed by a clinical interview and examination to confirm or negate the diagnosis of concussion/mTBI, she added.

Symptom reporting is also not required when confirming a TBI diagnosis, and "it's important to treat the patient and not the symptom," Holland continued. She added fatigue, irritability, depression and difficulty concentrating may occur alone or in combination with the more classic signs of TBI such as headache, dizziness, nausea and other physiological problems.

Recovery from TBI is personal – each person gets better at his or her own pace, which may be influenced by age, severity of injury and other factors, Holland explained. In addition to early intervention, she said it's important that those who suffer a TBI take care of themselves, "taking things slow and getting rest." Family and employer understanding and support are also critical to recovery, she added.

To help prevent falls, the CDC recommends removing tripping hazards from rooms and stairs, using handrails, using non-slip mats in bathtubs and showers, using double-sided tape on throw rugs, improving lighting at home and work, wearing shoes with non-slippery soles and using step stools and ladders properly.

In addition, the CDC recommends the following to help decrease your chances of suffering a TBI: wear the proper headgear or helmet at work and play; use age- and size-appropriate car and booster seats that are properly installed in vehicles; use stair gates at the top and bottom of stairs for children; and make sure play areas have soft material under them like mulch or sand to lessen the impact of falls.

For more information concerning brain injury awareness, visit the website <http://dvbic.dcoe.mil/BrainInjuryAwarenessMonth2016>, or contact Lt. Sherray Holland at 301-319-3773.



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DISPATCH

Continued from pg. 3

Center staff answered and dispatched Fire & Emergency Medical Services (EMS) units to more than 2,240 fire, rescue, and medical call incidents, with even more calls requiring NSAB Police and security forces assistance and response.

"There is no measure to accurately describe the importance, that our telecommunication/emergency dispatchers provide us, day in and day out," said Darryl C. Stanton Jr., NSAB chief of police. "Their contribution is the most integral part of the public safety foundation. Without their support and expertise, the emergency response process fails, our first

responder's lives would be in jeopardy and we would not be able to serve and protect our communities."

Dispatch Center personnel are considered true 'first responders.' They are the first to respond to the needs of the public when they call in for assistance. Dispatch Center personnel project a calm demeanor to citizens and victims in distress. In high-stress situations, they are compassionate yet diligent in ascertaining important information necessary to provide to the responding units when time is of the essence. On NSAB, if you have ever dialed 7-7-7 to get help in an accident or an emergency, then a dispatcher has been on the phone to collect your information and get you help. A person who is a dispatcher must be patient, strong, understanding and

work well under intense pressure or stressful situations.

"Dispatchers are critical members of the first responder community and they are the life blood of getting help to you when needed," said John E. Gray III, district fire chief assigned to NSAB. "I rest easy at night knowing that our dispatchers are some of the best in the Navy, fielding the most emergency calls within Naval District Washington."

Dispatchers are nationally certified through the Association of Public Safety Communications Officials and complete courses in public safety telecommunication, fire service communications, emergency medical dispatch and active shooter incidents for public safety communication.

Although their jobs do not put them in 'harm's way,' dispatchers make critical life-saving decisions on a regular basis.

They take great pride regarding the welfare of our community members and keeping the police officers, security forces and firefighters of NSAB safe. Coordinating helicopter landings for medical evacuations, dispatching police/fire and EMS units, sending Everbridge emergency notifications and monitoring security alarms are just a few of the various other tasks they manage on a daily basis. We rely on their knowledge and professionalism as they make critical decisions, obtain information, and quickly dispatch needed aid for any situation that may arise.

These dedicated men and women are more than anonymous voices on the telephone line or radio channels. These individuals work tirelessly to ensure that when others need help, someone answers the call.

WRNMMC

Continued from pg. 7

Jylkka said. "Those who can't travel to the medical center may choose to see a civilian audiologist, who may not know how to address the unique needs of the military population.

"That's how hearing conservation works. There are all these little clinics out there, and if an audiologist is needed, right now the audiologist has to travel to the clinic or the patient has to travel to the audiologist," Jylkka explained.

With tele-audiology, the examinations can potentially be conducted internationally, she said. Tele-audiology saves time, money and adds convenience. The project also extends continuity of care because the patients stay within the network.

Access to care is also a plus, Jylkka explained. "If we get an [audiology] consult today, we have 28 days to book that appointment." Tele-audiology adds efficiency with a consult.

Army Lt. Col. Michael Shawn Bolshazy, senior acquisition staff officer for the deputy under secretary of the Army, Test and Evaluation, at the Pentagon, said he needed an audiology exam because he was diagnosed with moderate to severe hearing loss in his left ear and

prescribed a hearing aid.

The ease of access was the main reason he chose to utilize tele-audiology.

"Honestly, it was the convenience," Bolshazy said. "However, participating in the tele-audiology process was not only more convenient, it saved time, money, and prevented lost work hours that would have been spent traveling to and from the doctor's location."

He described his first time utilizing a tele-health system, saying "I was very comfortable with the process.

"I had a great experience. I definitely recommend tele-audiology if it is an option. I believe we will see the increased use of tele-health as more people become aware of its existence."



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Federally insured by NCUA. Rates subject to change at any time and are based on creditworthiness, so your rate may differ. 1.79% rate available on 2015, 2016 and 2017 model years—models with 30,000 miles or less. 2.39% rate available on 2015, 2016 and 2017 model years—models with 7,499 miles or less. Rate discounts can be applied, but cannot cause the rate to fall below the 1.79% APR minimum. Payment example: Loan amount of \$20,000 at a rate of 1.79% APR for 36 months would have a monthly payment of \$571.00. Payment example: Loan amount of \$20,000 at a rate of 2.39% APR for 60 months would have a monthly payment of \$354.00. ²Existing Navy Federal loans are not eligible for this offer. You must make your first scheduled payment in order to receive the offer. \$100 will be credited to the primary applicant's savings account between 61 and 65 days of the loan origination date. If the auto refinance loan is canceled or paid off in the first 60 days, the \$100 offer will become invalid. Offer may end at any time. Recipient is solely responsible for any personal tax liability arising out of the acceptance of this incentive. © 2016 Navy Federal NFCU 13492 (2-16)

